

Index of Claims**Application No.****10/657,480****Applicant(s)****KOVACH, ROBERT A.****Examiner****Son T. Nguyen****Art Unit****3643**

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Allowed	<input checked="" type="checkbox"/>	Restricted	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Objected

Claim	Date	
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